

# BEST AVAILABLE COPY

ISSUED BY THE CLAIM AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	TN	870	05-21-01
FORMALITY REVIEW	TZ	947	07/19/01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	10/07/01
2	10/07/01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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